Dialysis, renal transplantation, stroke rehabilitation, mobile coronary care units and various screening activities are examples of this group of RMP projects. If these broad classes of programs, comprising a major part of the total RMP effort, are considered not to fall under the rubric of community medicine, are there any RMP projects that can be so classified?

In California RMP Area IV there are at least three programs which I believe can be properly termed community medicine endeavors according to the relatively narrow definition previously outlined. They are the Northeast San Fernando Valley Project, the Firebaugh-Mendota Project and the Ventura County Health Services Delivery Network. A brief description of each follows.

The Northeast Valley Project paved the way for a community health network for 250,000 residents of Pacoima, Sunland, Tujunga, San Fernando, Sylmar, Sun Valley and Lake View Terrace in the San Ferando Valley. This area is often referred to as a "health ghetto." Precise demographic measurements were made, data on the area's health needs were obtained and local services and facilities assessed. Priorities were established for development of the network, and community support by health professionals and consumers was generated. Following RMP development, this community health network has been placed in operation by the federal Office of Economic Opportunity.

The Firebaugh-Mendota Planning and Service Development Project is developing health care planning and delivery capabilities for the 15,000 residents of two adjacent farming communities in the Central San Joaquin Valley plus the migrant farm labor population. The Fresno County Medical Society, which has already contributed $10,000 to the project, acts as fiscal agent and provides overall direction, in cooperation with a broadly based community committee. Primary services will be provided in a health center staffed by volunteer physicians from the medical society and by residents from the Fresno teaching hospitals.

The Ventura County Health Services Delivery Network will serve 46,500 economically deprived residents of the county for whom health care is relatively inaccessible in their own neighborhoods. At present many of them must travel long distances to the County Hospital in the city of Ventura. The goal of the project is to improve the accessibility to health care for this group. A community health service center is being established in Santa Paula which will include decentralized eligibility billing and reimbursement for Medi-Cal patients. Other project components, to be phased in during the next three years, include the training of community workers to be employed by county agencies; training and employing at least 15 health counselors; establishing information and referral services; and augmenting the medical manpower capability of local hospitals by establishing a rotation program for family practice residents.

There is a definite and growing need for a precise definition of "community medicine" broadly acceptable to the practitioners, educators and students of the medical and public health professions. Otherwise this term—like so many others—will become a meaningless catch-all, eluding the standard of excellence so essential to its practical, purposeful and successful application.

Refer to: Mazur H: Community medicine at University of Southern California, *In* Community Medicine in California—A Symposium. Calif Med 118:77-79, Apr 1973

University of Southern California

HAROLD MAZUR, MD

A DEFINITION of community medicine will depend greatly upon the person or group asked to provide the definition. From the point of view of the general public community medicine may well be defined as the availability of health care and medical care with minimal social, cultural, economic, and environmental barriers. If one were to focus further upon that segment of the public considered to be economically and socially underprivileged, one would have to add an additional component to the above definition—that is, community involvement, participation (and, in the opinion of some) control of the implementation of such health and medical care.

At USC, the Department of Community Medicine and Public Health has the three traditional obligations shared by all other departments of

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the School of Medicine, namely, education, service, and research. The historical development of this school of medicine, its long-standing relationship with and dependence upon the large and loyal clinical faculty, and finally its equally long-standing integrated affiliation with the Los Angeles County hospital system has made it possible to implement the school's service obligations on a medical-schoolwide basis, rather than through one of its departments. Thus, the obligations of this Department of Community Medicine are focused upon education on the undergraduate level (medical student) and the graduate level (intern and resident). Postgraduate education at this medical school has received particularly successful leadership from a special program of departmental status. Since community service is a fundamental obligation of all departments of this school of medicine, it was felt that the research efforts of this department should be directed to various programs involving the development and evaluation of model health care programs.

The purpose of the Department of Community Medicine and Public Health, University of Southern California, is as follows:

1. To help prepare the student physician to integrate social, economic, cultural, and environmental factors with states of health and disease within defined communities or population groups in relation to the daily practice of medicine.

2. To provide such services to the community which are consonant with the educational and research obligations of the Department.

3. To perform epidemiologic research basic to the above relationships and to the delivery of comprehensive health care.

The above represents the traditional role of this university in the fields of education, community service and research. A summarized survey of each of these follows.

Education

The Department of Community Medicine has been allocated time in the curriculum during the first of the four undergraduate medical school years, as well as a place in the third and fourth year continuum. Time constraints in the crowded curriculum of Year I made it necessary to employ a didactic approach and bring representative segments of the community to the classroom.

To implement the purposes listed above, four major fields have been delineated for undergraduate medical study.

1. *States of Health and Disease*—the causal factors, extent and distribution of individual, family, and community health problems and relate these to:

2. *Medical-Social Issues* such as employment, income-level, education, family stability, culture, human behavior, and legal and political constraints.

3. *Medical Ecology*—the fact that disease in the individual is also part of disease in the community, requiring application of the principles of disease prevention and control as they relate to individuals, populations, and the environment.

4. *Provision of Health Care*—starting with the doctor-patient role in clinical medicine and when and how this extends into the family and community, includes the principles of community organization for health promotion, maintenance, and protection. The role of government, voluntary and professional organizations on planning comprehensive health care, including manpower, facilities and delivery systems.

At present these curriculum objectives are introduced as a series of weekly two-hour lecture, panel and small group sessions during the whole of the first undergraduate year.

These discussions have utilized a selected list of topics in order to highlight the four major fields listed above. The selected list of topics covered in Year One is as follows:

1. Race, Ethnicity, and Health
2. Society, Sex, and Health
3. Society and Sickness
4. Poverty, Privilege and Health Care
5. Politics of Health Care
6. Legislation and Health Care
7. Solo Practice of Medicine
8. Group Practice of Medicine
9. Hospital Systems—Governmental, Voluntary, Proprietary
10. Public Health Agencies—Voluntary, Official
11. Medical Economics
12. Medico-Legal Issues in Health Care
13. Health Manpower
14. Trends in Health Care Delivery
15. Comprehensive Health Planning
16. Regional Medical Programs
17. National Health Insurance Proposals
18. Existing Health Insurance Carriers—Blue Cross, Blue Shield, Commercial Companies
19. Social Welfare and Public Health
20. Medical Records
21. Health Care in Europe and Other Foreign Countries

It is also the obligation of this department to introduce to the student basic biostatistical and

and epidemiologic methods in the study of health and disease. This is accomplished in the traditional lecture-laboratory method.

During the third and fourth year continuum, the students will have opportunity to elect one of several clinical clerkship options of six weeks duration sponsored by this department. Such clerkships will include individualized preceptorship assignments in the following:

- Hospital ambulatory care programs
- Solo, private practice offices
- Group practice offices
- Prepaid health care systems
- Community health centers
- Other specially arranged programs

The objectives of these clerkships are to (a) implement the stated goals of the department; (b) expose medical students to other health professional personnel, and (c) demonstrate the importance of patient care teams.

Community Service and Research

Since, as stated earlier, service is an obligation of the entire School of Medicine, it was felt that this department should emphasize exploring newer and contemporary methods of providing health care in the neighboring communities. This would not only widen educational opportunities for our students, but if successful would contribute to improved health care on a preventive and therapeutic basis to a variety of socio-economic levels of our local population.

The following is an abbreviated list of programs and activities developed under the leadership of individual members of this department during the past four to five years.

- Establishment of neighborhood health centers—for example, the South Central Multipurpose Health Services Center (OEO funded).
- Development of "Med Ocho," that is, a "hospital within a hospital" wherein the program of an entire hospital floor at the Los Angeles County/University of Southern California Medical Center is oriented to the East Los Angeles community.
- Training grants supported by the Commonwealth Fund and by HEW and designed to demonstrate: (a) the significance of allied health personnel in patient care teams and (b) an experimental approach to team teaching and team learning involving both medical and allied health students.
- A program designed to inventory the existence and availability of health care resources of both public and private nature in Los Angeles County with the aim of providing a computerized information and referral system.
- Various summer work projects for students intended to provide supervised field experience in community health problems.
- Finally, there are a number of programs in various stages of planning by members of this department who have primary or joint appointments in other departments of this medical school or in other schools of this university. These plans are oriented mostly in the study of health care needs, or in providing pilot programs designed to help meet such needs.

Refer to: Haynes MA: Community medicine at Drew Postgraduate Medical School, *In* Community Medicine in California—A Symposium. Calif Med 118:79-81, Apr 1973

Drew Postgraduate Medical School

M. ALFRED HAYNES, MD

COMMUNITY MEDICINE is the scientific study of the health problems of the community and the application of this knowledge to the solution of those problems. It uses such sciences as epidemiology and statistics in the definition of problems. In addressing the medical and health care problems of the community it applies, for example, the principles of preventive medicine and health care administration.

The unit of study and practice is usually a more or less well defined geopolitical entity rather than an individual. In this respect it differs on the one hand from clinical medicine which focuses on the individual, and, on the other hand, from social medicine which focuses on society in general. Because of its concern with health and disease in groups of people, one of its important considera-

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